

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014325

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 974

FILED APR 11 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Fenton

Length of stay in 1b

4 mo.

c. CITY

OR TOWN

Valley Park

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Fleser Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

22 Boyd

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Herman

L.

Newbill

4. DATE OF DEATH

Month

Day

Year

3

20

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/28/1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist Helper

10b. KIND OF BUSINESS OR INDUSTRY

Orine Co. Tenn

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James Royal Newbill

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Zelma Newbill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Arnold

Hazel Groom- 2038 Melody La.

Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

C. V. A.

INTERVAL BETWEEN ONSET AND DEATH

45 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/21/62

to **date**

and last saw him alive on **3/16/63**

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Huck M.D.

22b. ADDRESS

Fenton, Mo

22c. DATE SIGNED

3-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

March 23rd/63

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cem.

23d. LOCATION (City, town, or county)

Adrian

Ky.

24. FUNERAL DIRECTOR

ADDRESS

Leo H. Fleser

Fenton

Mo.

25. DATE RECD. BY LOCAL REG.

3-21-63

26. REGISTRAR'S SIGNATURE

John B. M... M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Herman Newbill

STATEMENT BY LICENSED EMBALMER

0-32

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed *Gerald J. Mahan*

Licensed Embalmer No. *4975*

P. O. Address *De Soto, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.